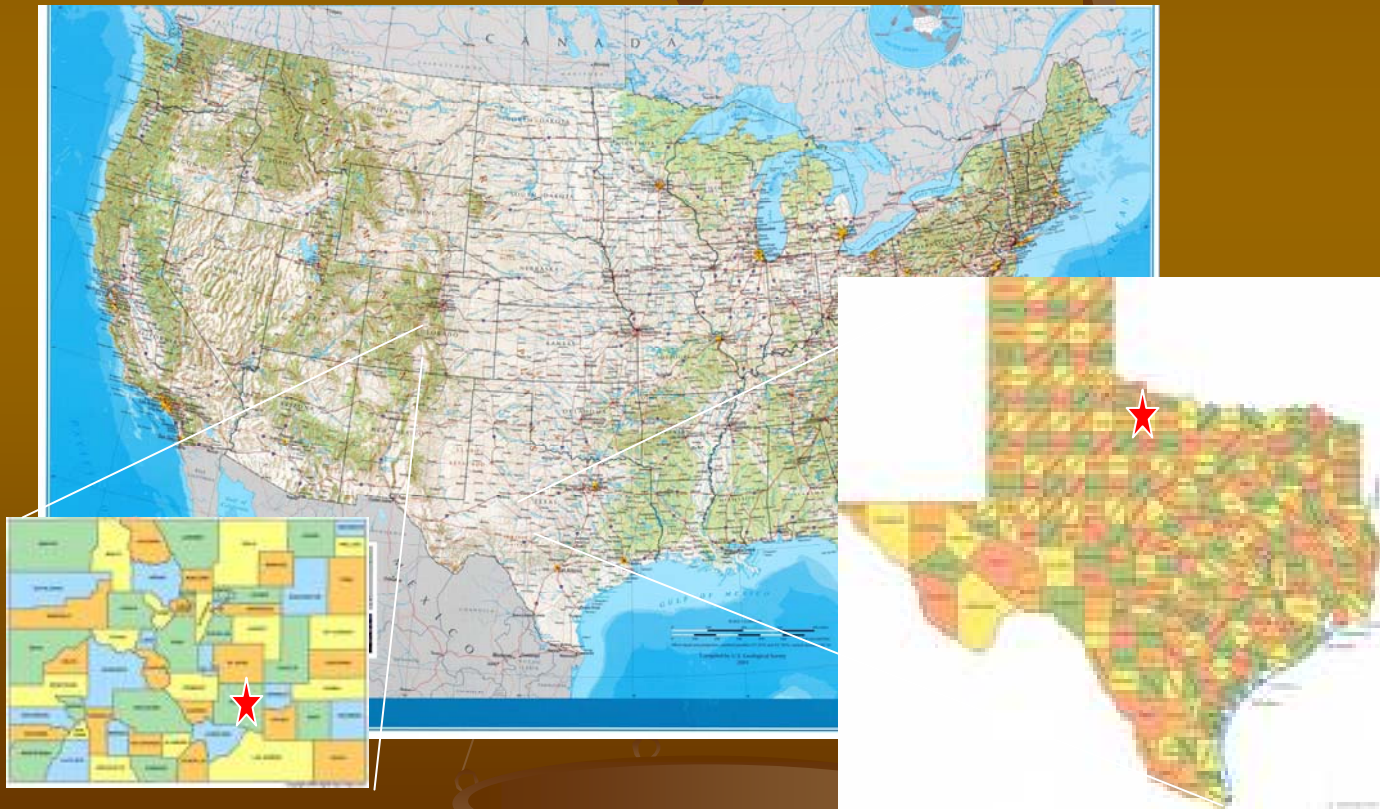


Managing the Competency Crisis Competently: Perspectives from CO and TX



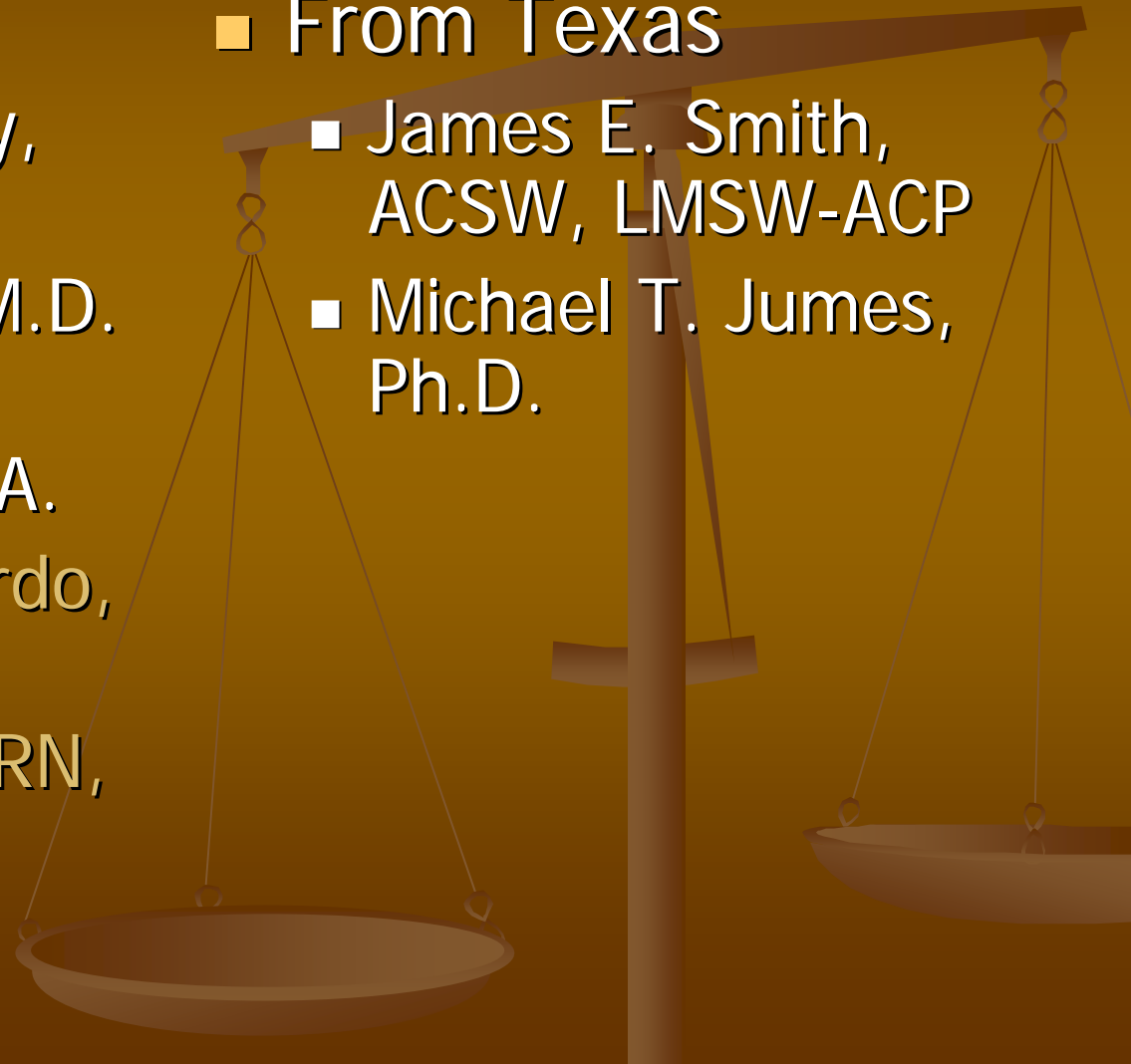
Presenters

■ From Colorado

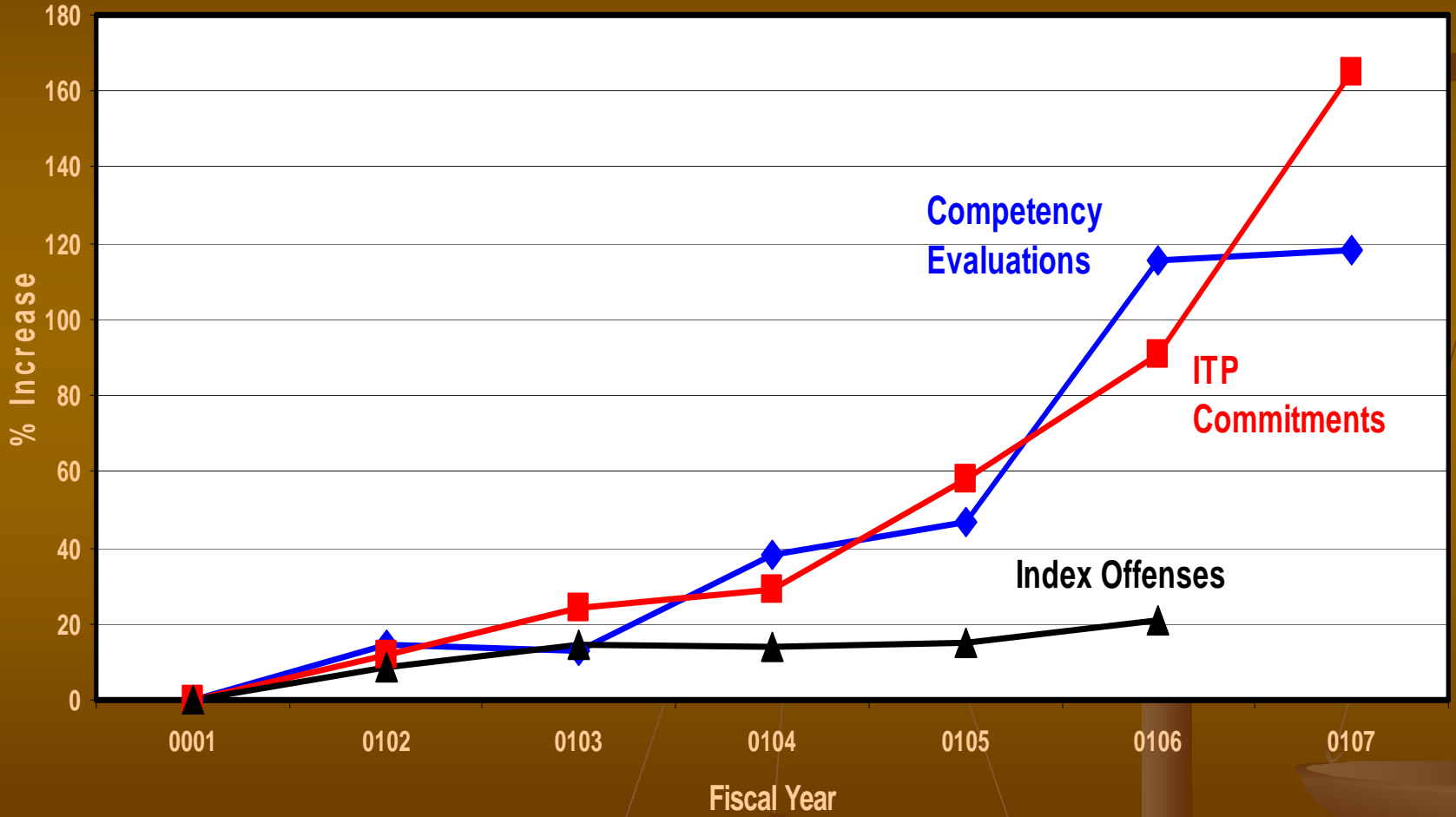
- B. Thomas Gray, Ph.D., ABPP
- Kevin Snyder, M.D.
- Michele Manchester, M.A.
- John R. DeQuardo, M.D.
- Teresa Bernal, RN, C

■ From Texas

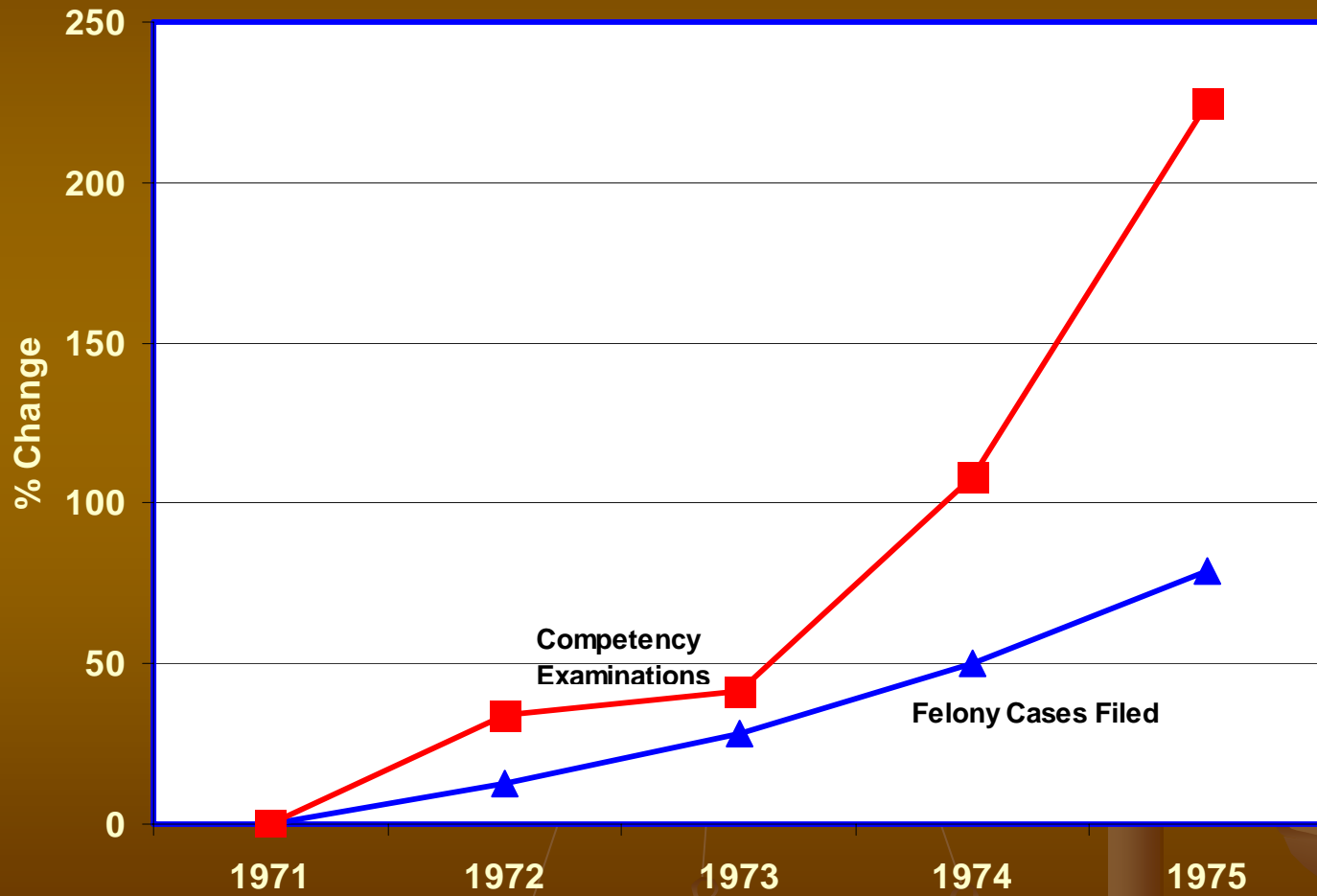
- James E. Smith, ACSW, LMSW-ACP
- Michael T. Jumes, Ph.D.



Colorado Data, FY 0001 - 0607



Competency Referrals - North Carolina, 1971-1975



Potential Reasons for Increase

- Increased number of criminal cases



Potential Reasons for Increase

- Increased number of criminal cases
- Attorney strategies
 - Prosecution
 - Keep individuals confined



Potential Reasons for Increase

- Increased number of criminal cases
- Attorney strategies
 - Prosecution
 - Defense
 - Delay trial
 - Test waters for NGRI
 - Obtain information to use in mitigation



Potential Reasons for Increase

- Increased number of criminal cases
- Attorney strategies
- Decreased availability of public MH services
 - Increased numbers of MI individuals incarcerated
 - Increased need to seek “alternative” means of placing MI inmates

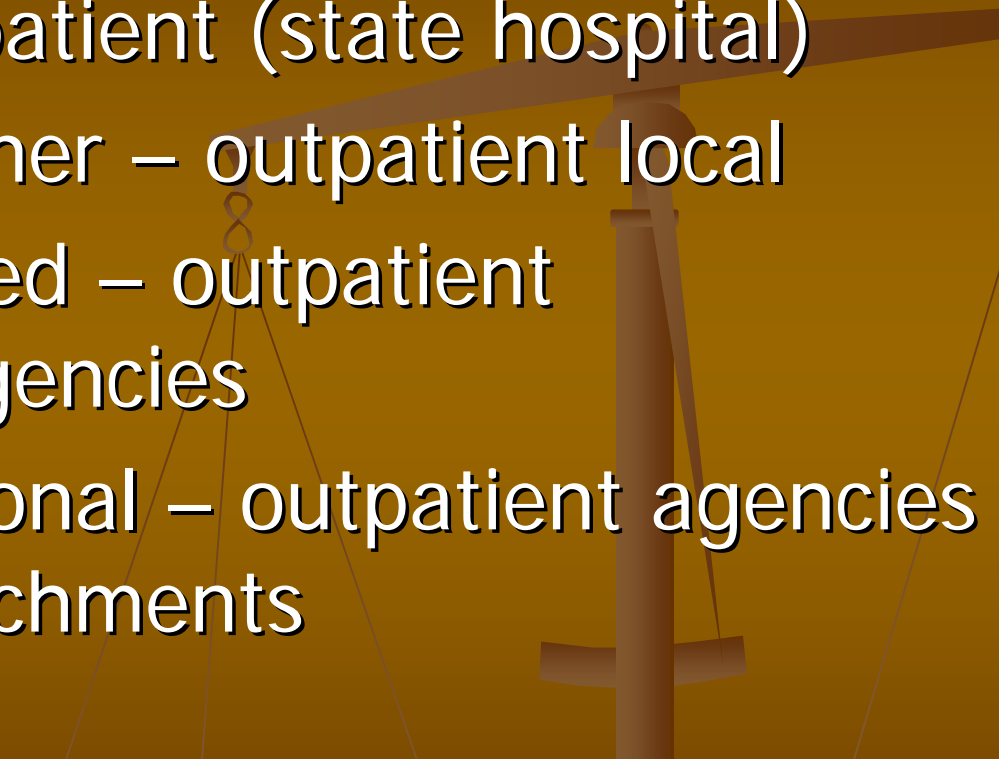


A Tale of Two States

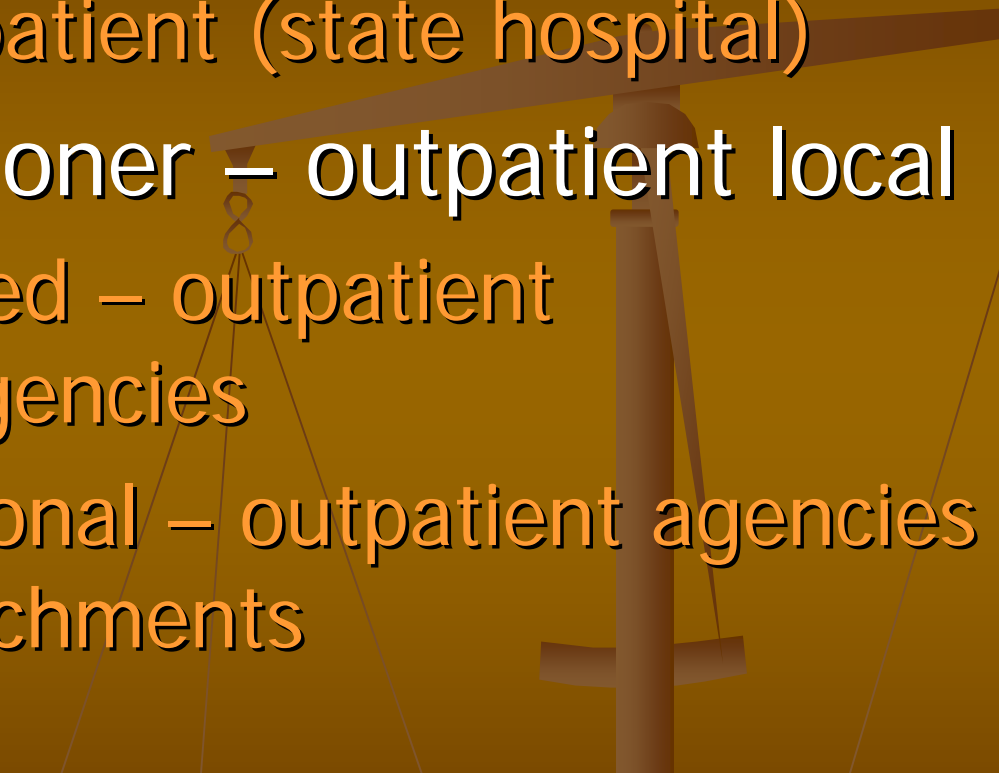


	Texas	Colorado
Area	268,601	104,100
Population	22,859,968	4,665,177
Major Metro Centers	Dallas-Ft. Worth (4.7 million)	Denver (2.3 million)
	Houston (4.1 million)	Colorado Springs (< 0.4 million)


Competency Evaluation – Models of Service Delivery

- Traditional – inpatient (state hospital)
 - Private Practitioner – outpatient local
 - Community Based – outpatient regional/local agencies
 - Modified-Traditional – outpatient agencies w/statewide catchments
 - Mixed
- 


Models of Service Delivery - TX

- Traditional – inpatient (state hospital)
 - Private Practitioner – outpatient local
 - Community Based – outpatient regional/local agencies
 - Modified-Traditional – outpatient agencies w/statewide catchments
 - Mixed
- 

Models of Service Delivery - CO

- Traditional – inpatient (state hospital)
 - Private Practitioner – outpatient local
 - Community Based – outpatient regional/local agencies
 - Modified-Traditional – outpatient agencies w/statewide catchments
 - Mixed
- 

What We've Done in Colorado



We Got Sued!!!

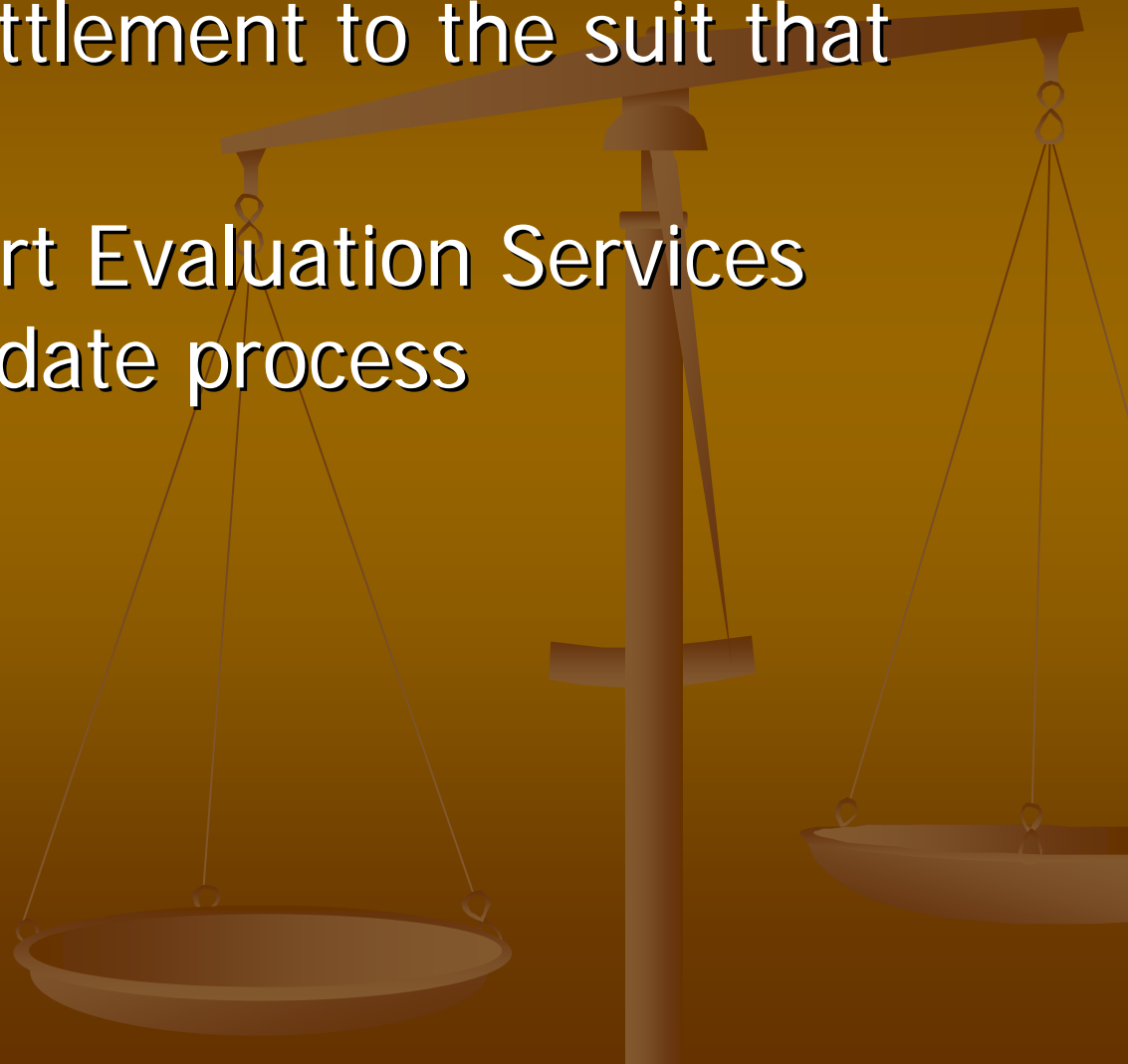
What We've Done in Colorado

- Sought rapid settlement to the suit that was filed



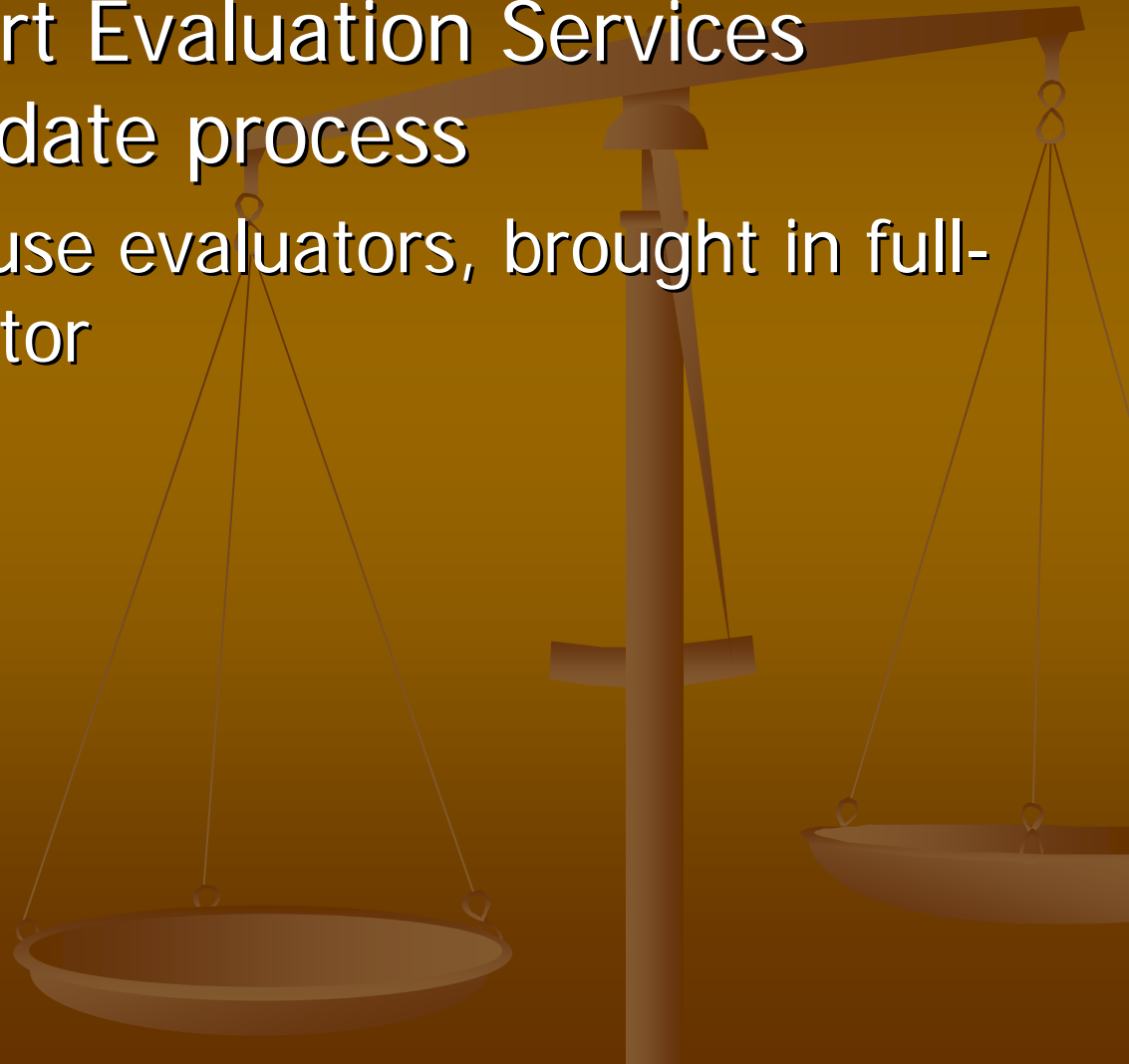
What We've Done in Colorado

- Sought rapid settlement to the suit that was filed
- Established Court Evaluation Services Dept. to consolidate process



What We've Done in Colorado

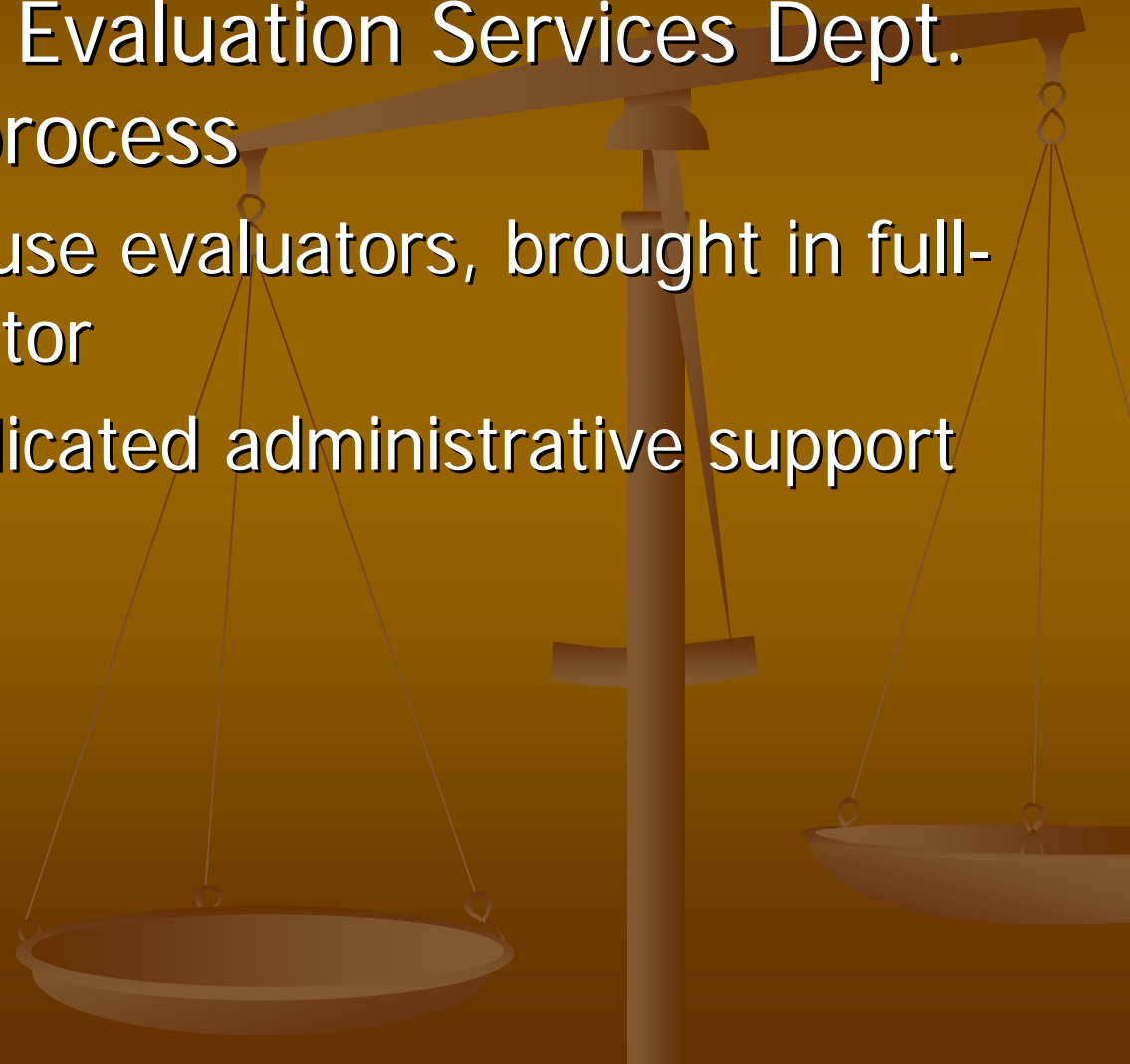
- Established Court Evaluation Services Dept. to consolidate process
 - Hired 2.6 in-house evaluators, brought in full-time administrator



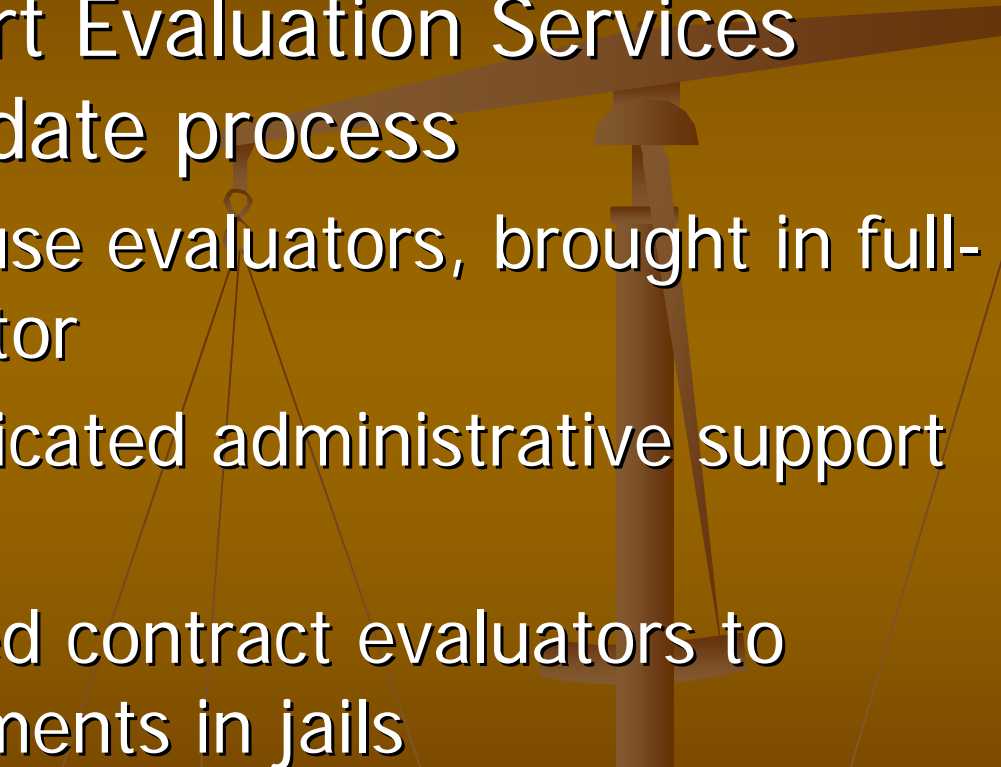
What We've Done in Colorado

Established Court Evaluation Services Dept.
to consolidate process

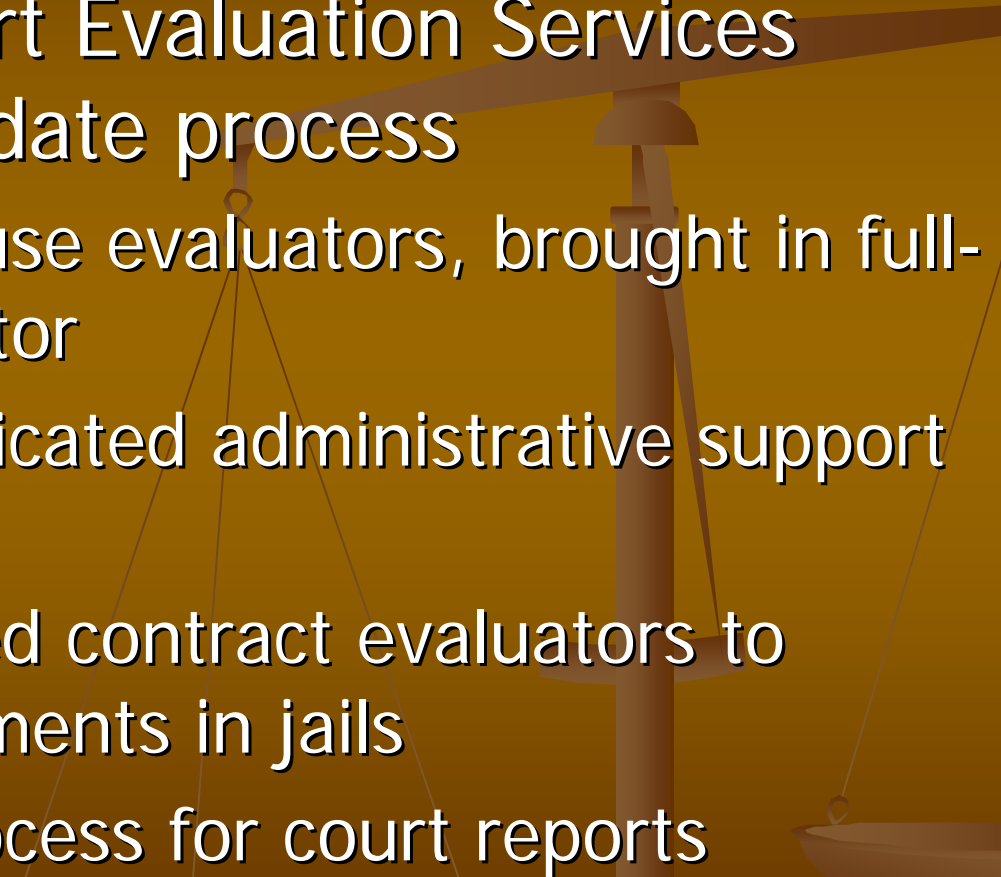
- Hired 2.6 in-house evaluators, brought in full-time administrator
- Established dedicated administrative support personnel



What We've Done in Colorado

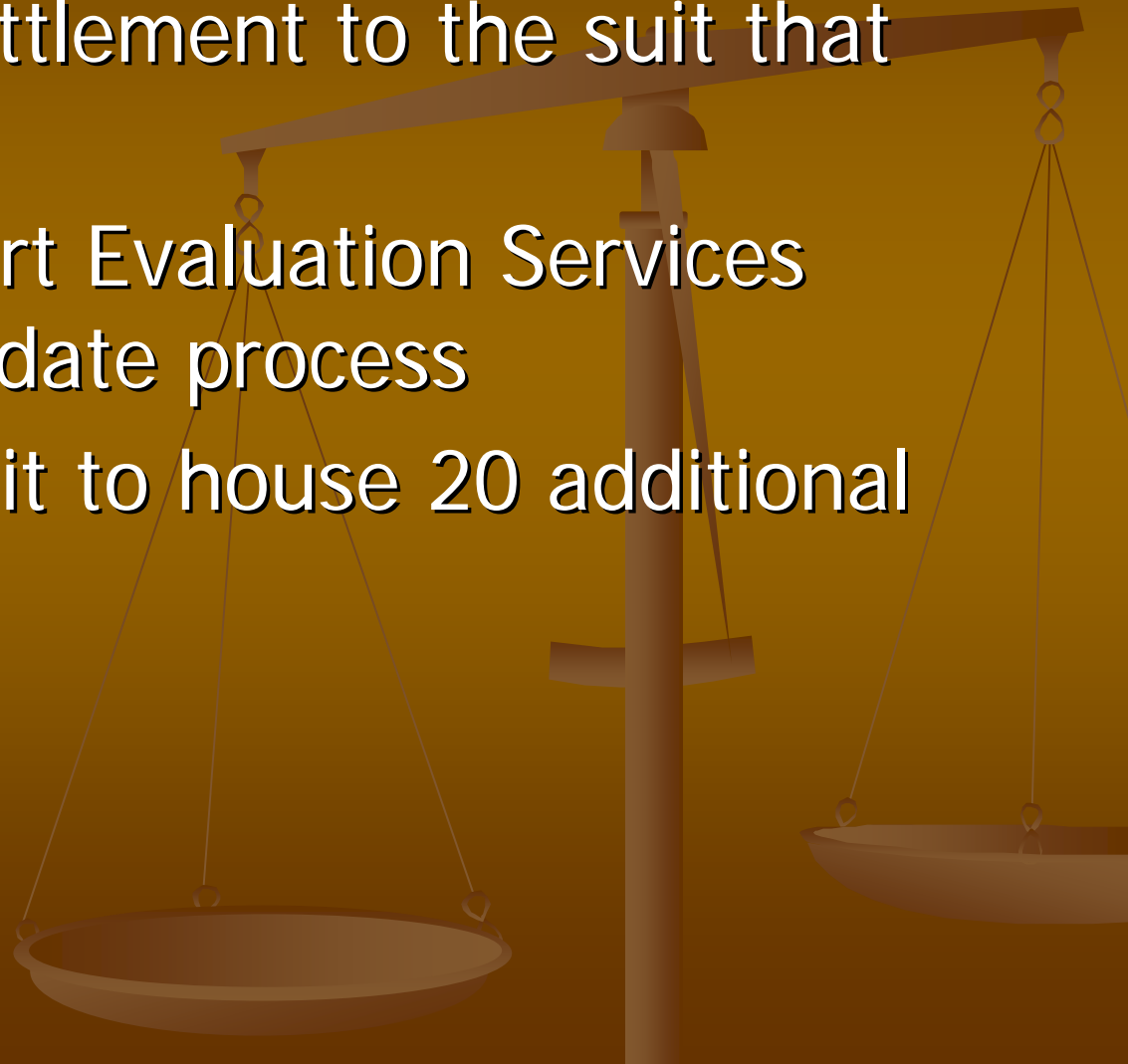
- Established Court Evaluation Services Dept. to consolidate process
 - Hired 2.6 in-house evaluators, brought in full-time administrator
 - Established dedicated administrative support personnel
 - Actively recruited contract evaluators to conduct assessments in jails
- 

What We've Done in Colorado

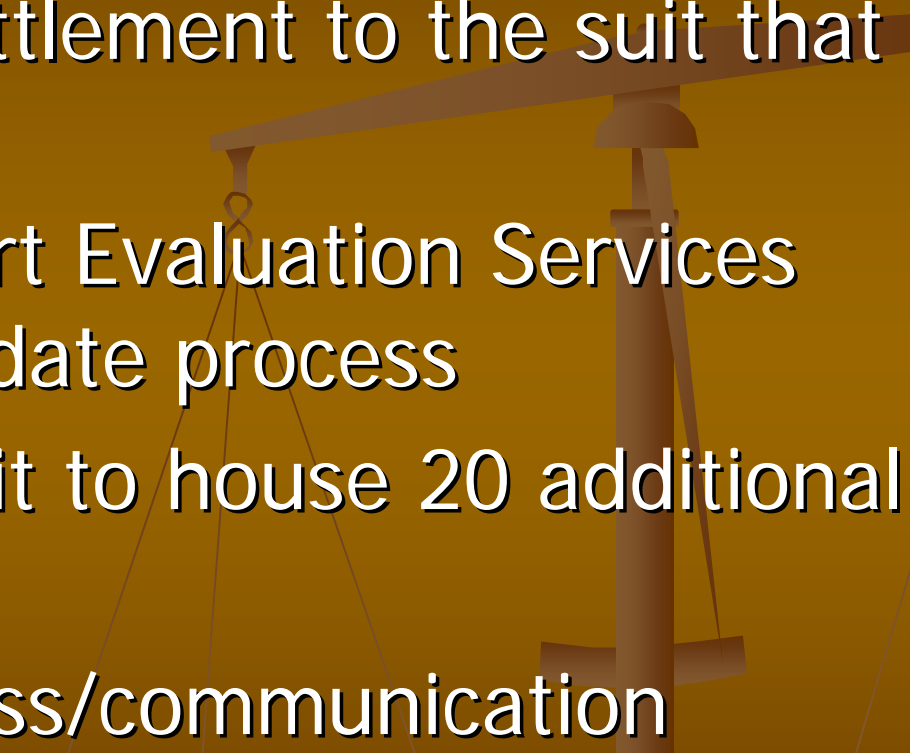
- Established Court Evaluation Services Dept. to consolidate process
 - Hired 2.6 in-house evaluators, brought in full-time administrator
 - Established dedicated administrative support personnel
 - Actively recruited contract evaluators to conduct assessments in jails
 - Improve QA process for court reports
- 

What We've Done in Colorado

- Sought rapid settlement to the suit that was filed
- Established Court Evaluation Services Dept. to consolidate process
- Opened new unit to house 20 additional patients

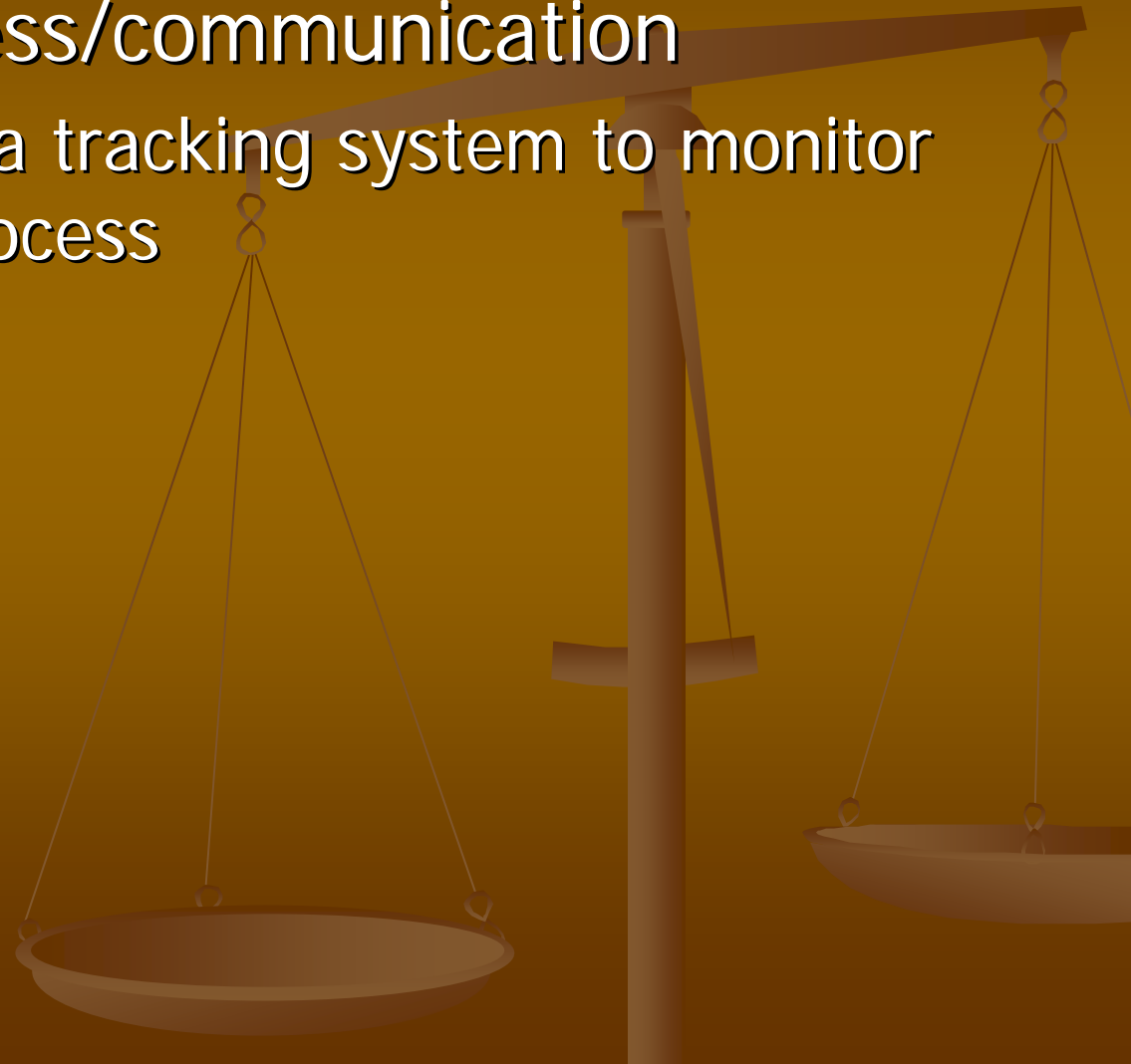


What We've Done in Colorado

- Sought rapid settlement to the suit that was filed
 - Established Court Evaluation Services Dept. to consolidate process
 - Opened new unit to house 20 additional patients
 - Improved process/communication
- 

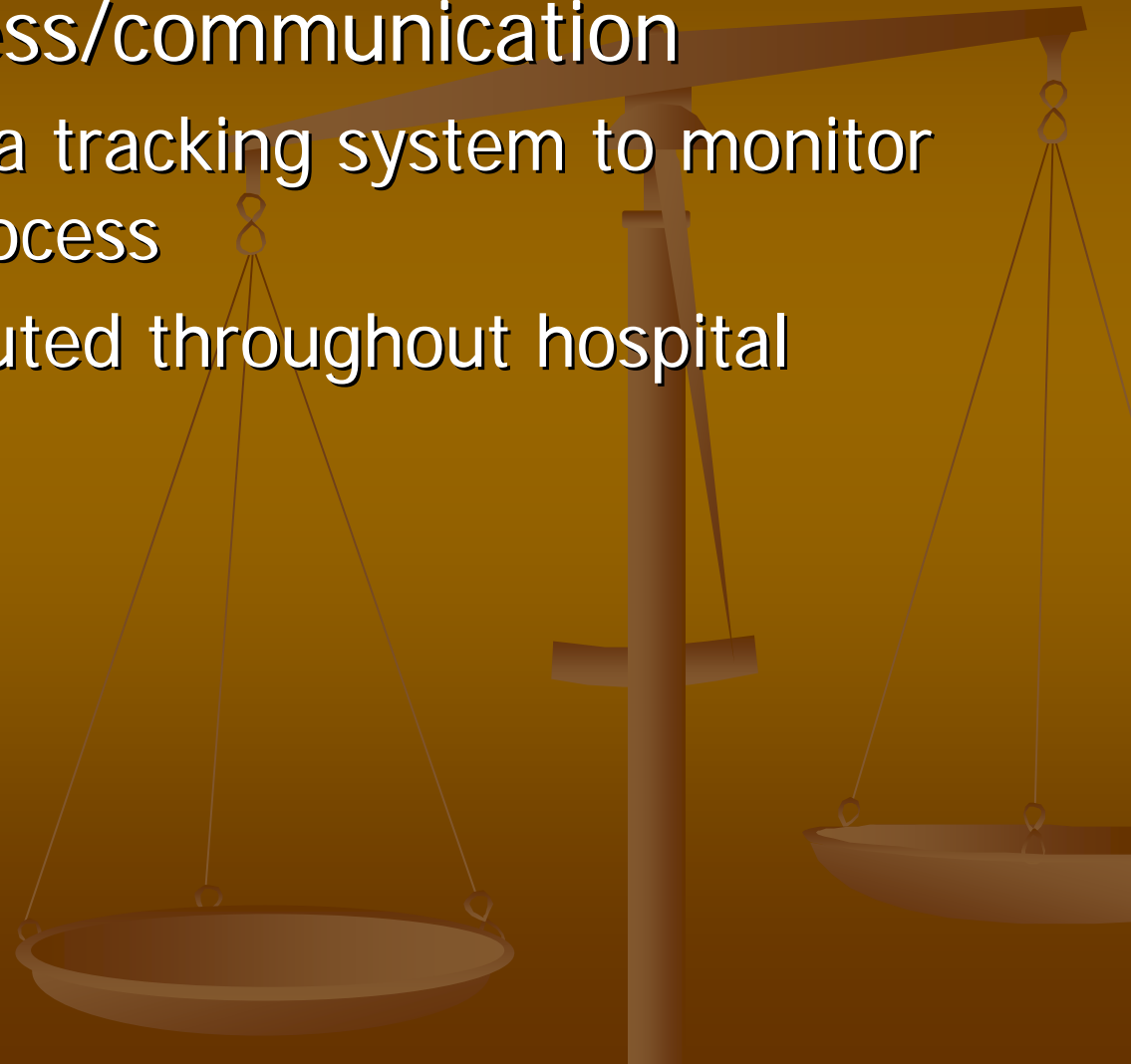
What We've Done in Colorado

- Improved process/communication
 - Established data tracking system to monitor each step in process

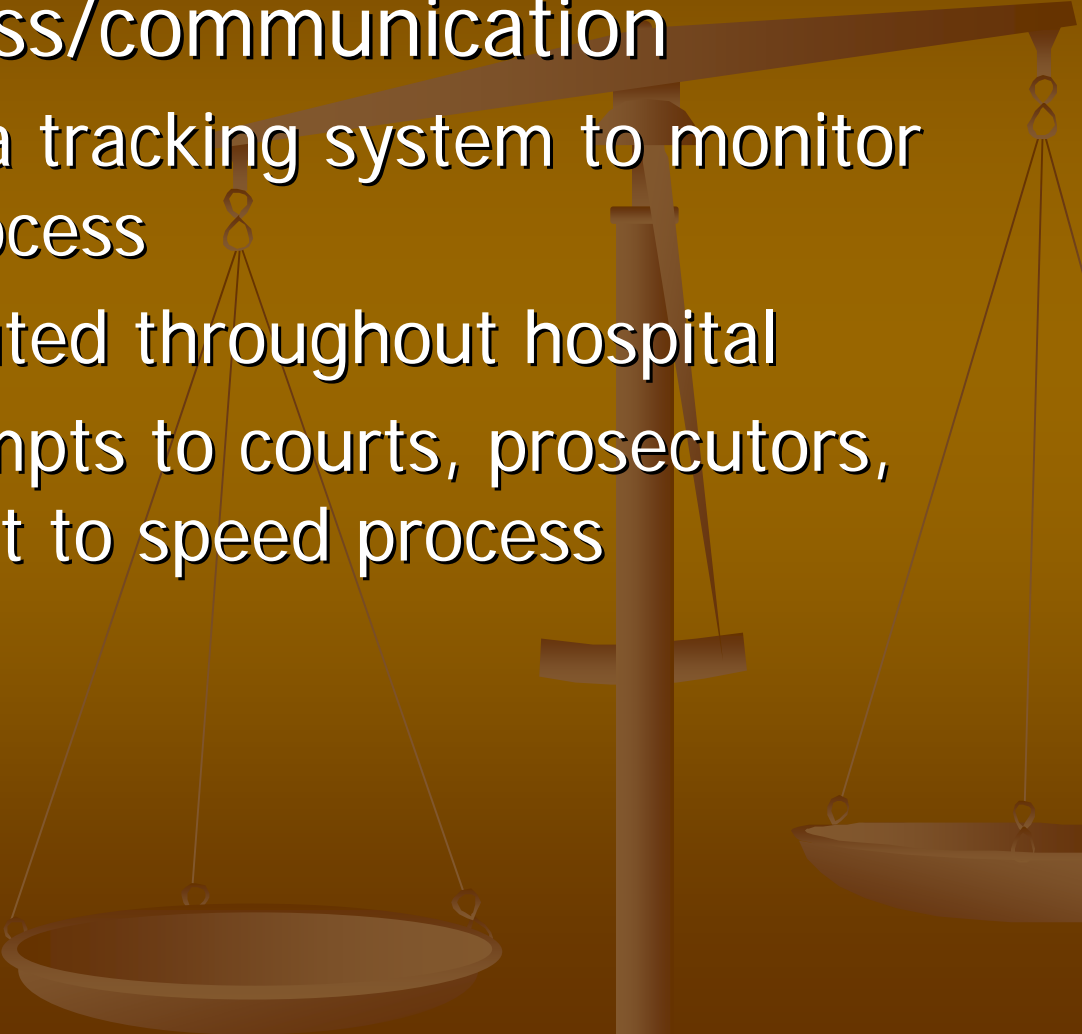


What We've Done in Colorado

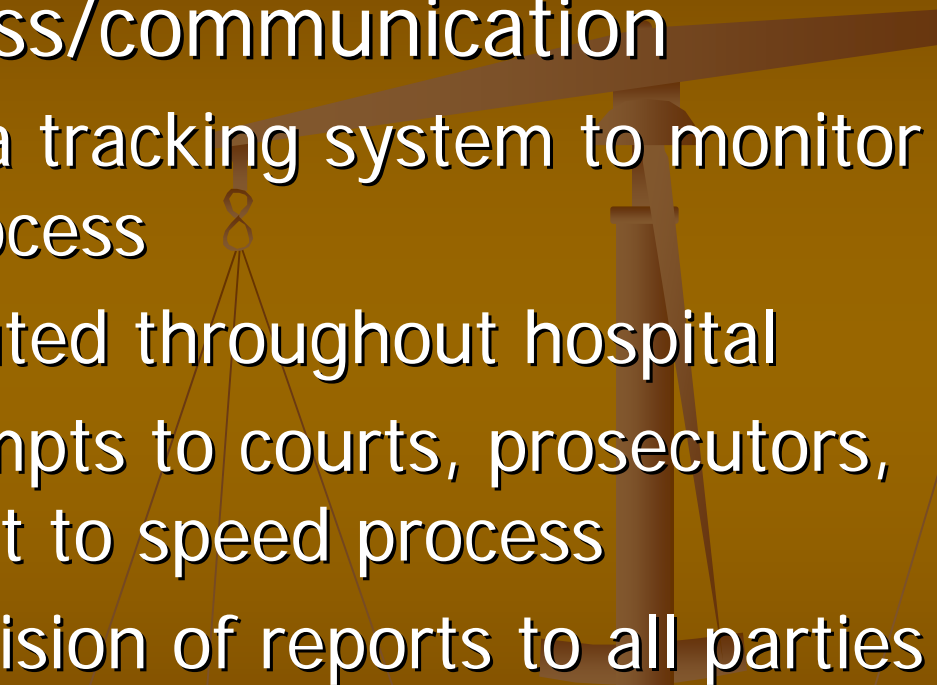
- Improved process/communication
 - Established data tracking system to monitor each step in process
 - Patients distributed throughout hospital



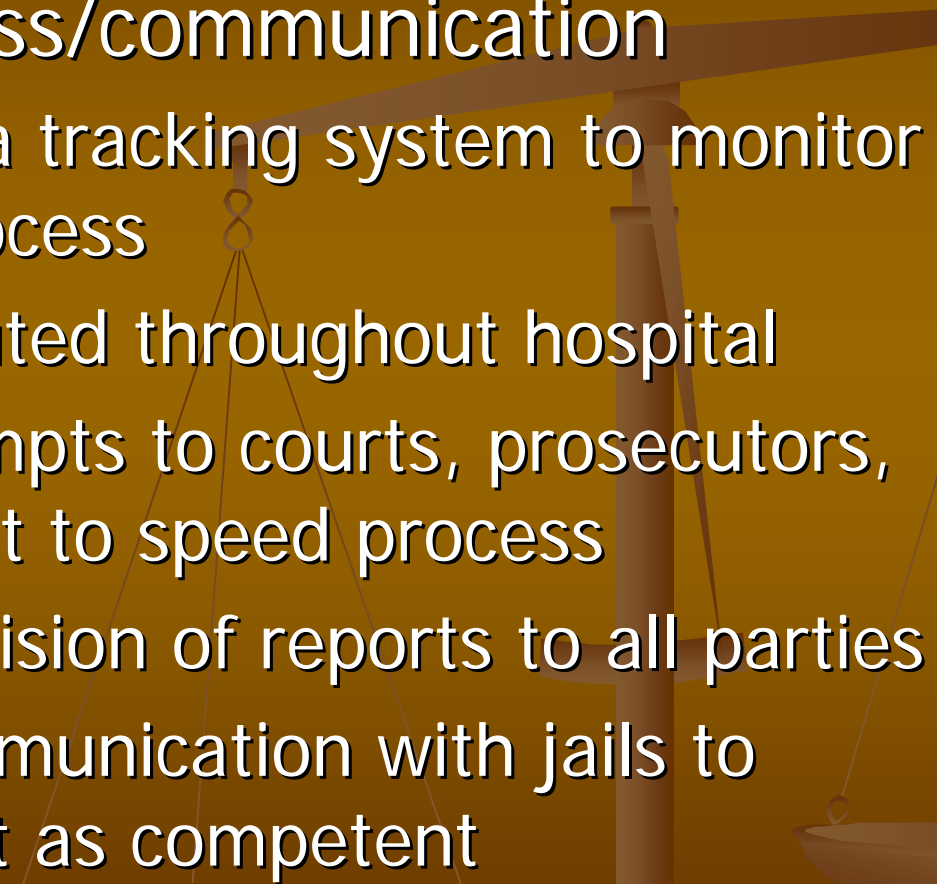
What We've Done in Colorado

- Improved process/communication
 - Established data tracking system to monitor each step in process
 - Patients distributed throughout hospital
 - Formalized prompts to courts, prosecutors, law enforcement to speed process
- 

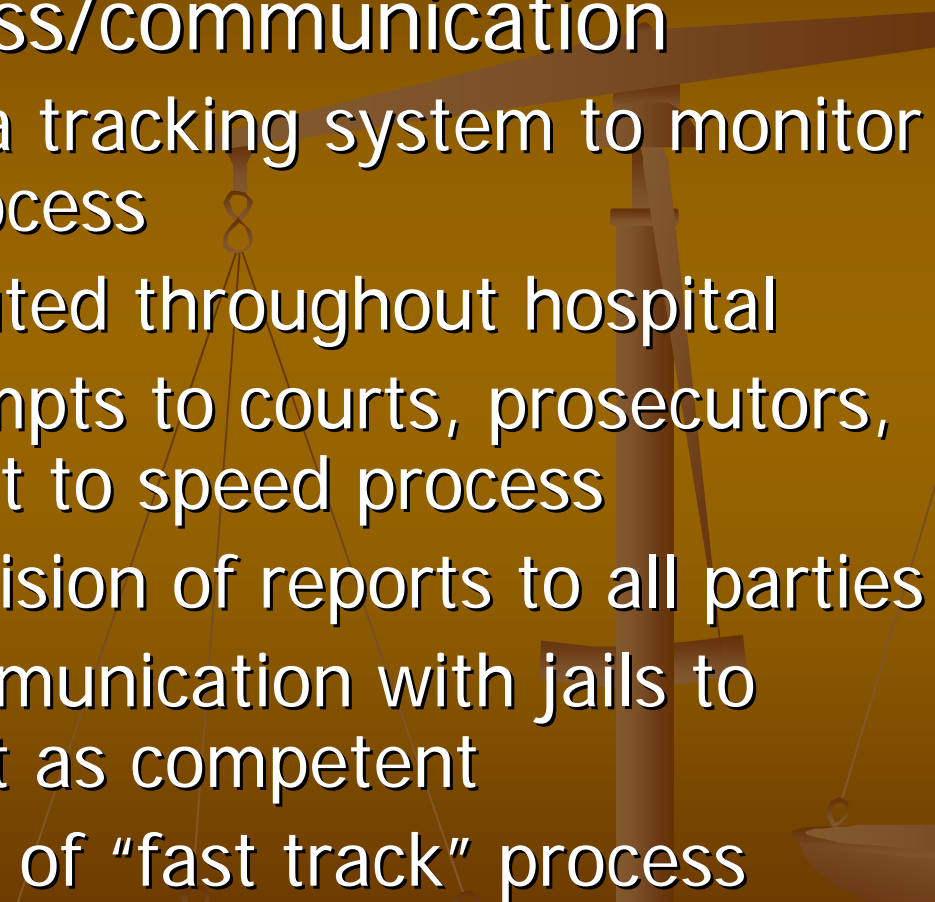
What We've Done in Colorado

- Improved process/communication
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 - More rapid provision of reports to all parties
- 

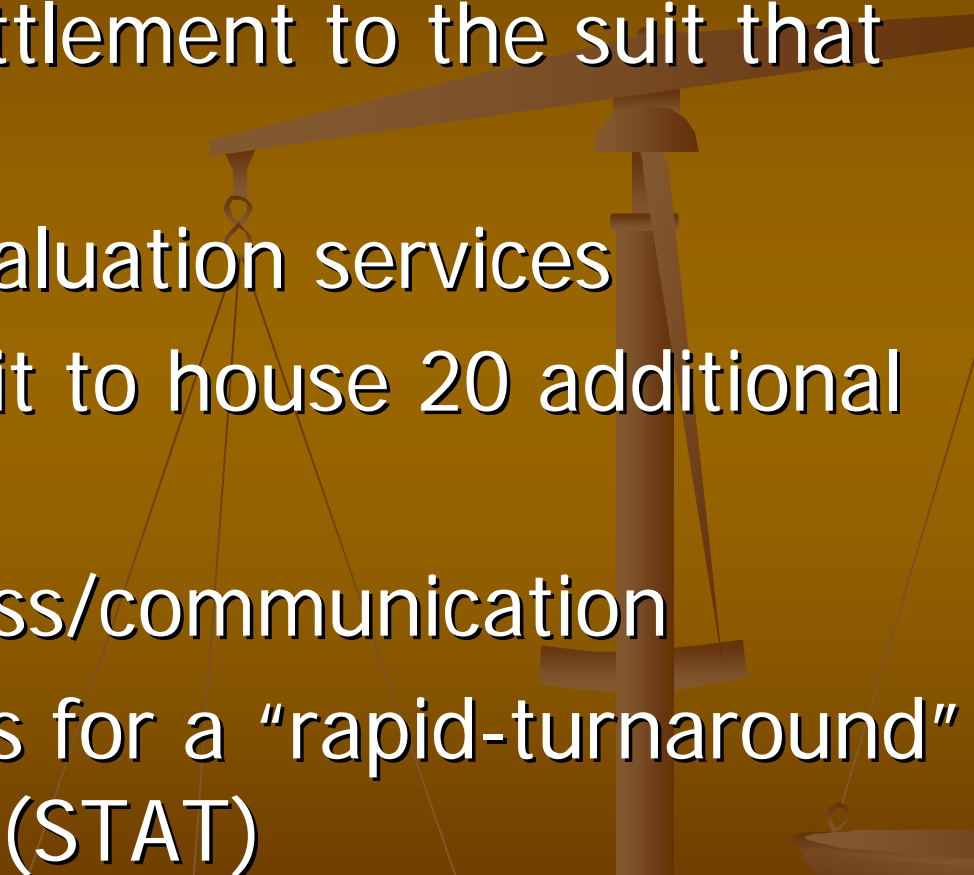
What We've Done in Colorado

- Improved process/communication
 - Established data tracking system to monitor each step in process
 - Patients distributed throughout hospital
 - Formalized prompts to courts, prosecutors, law enforcement to speed process
 - More rapid provision of reports to all parties
 - Formalized communication with jails to maintain patient as competent
- 

What We've Done in Colorado

- Improved process/communication
 - Established data tracking system to monitor each step in process
 - Patients distributed throughout hospital
 - Formalized prompts to courts, prosecutors, law enforcement to speed process
 - More rapid provision of reports to all parties
 - Formalized communication with jails to maintain patient as competent
 - Implementation of "fast track" process
- 

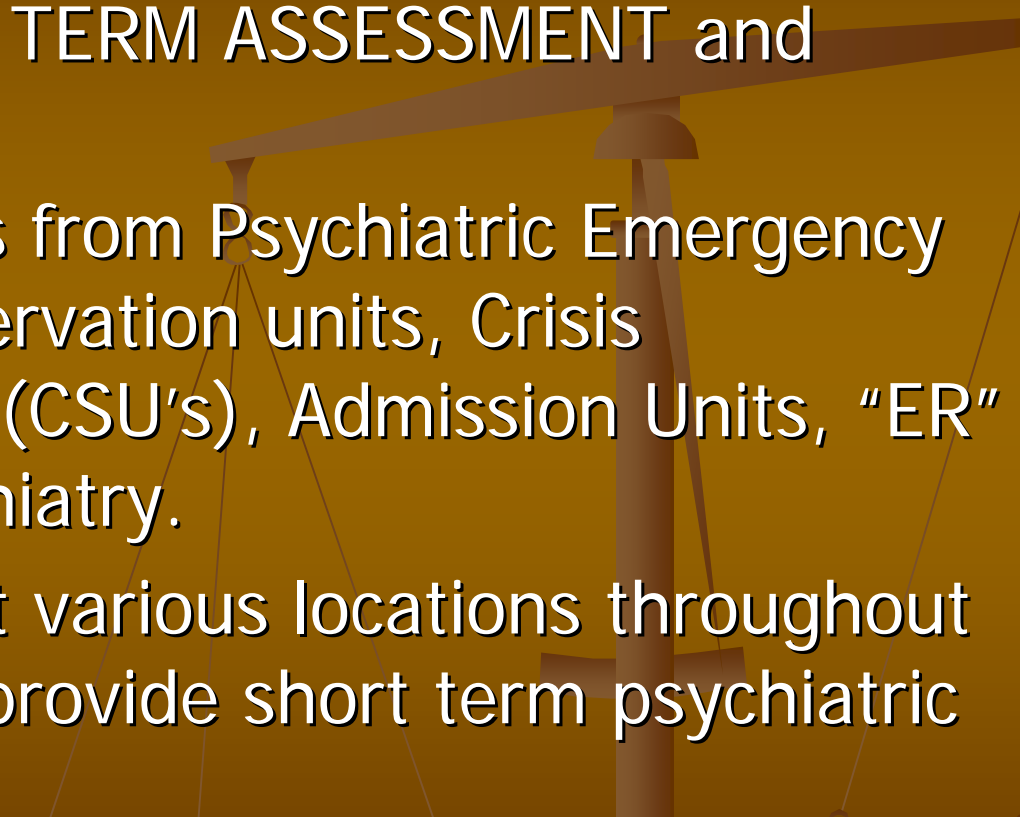
What We've Done in Colorado

- Sought rapid settlement to the suit that was filed
 - Consolidated evaluation services
 - Opened new unit to house 20 additional patients
 - Improved process/communication
 - Reoriented focus for a "rapid-turnaround" admissions unit (STAT)
- 

Well... What's a STAT UNIT?



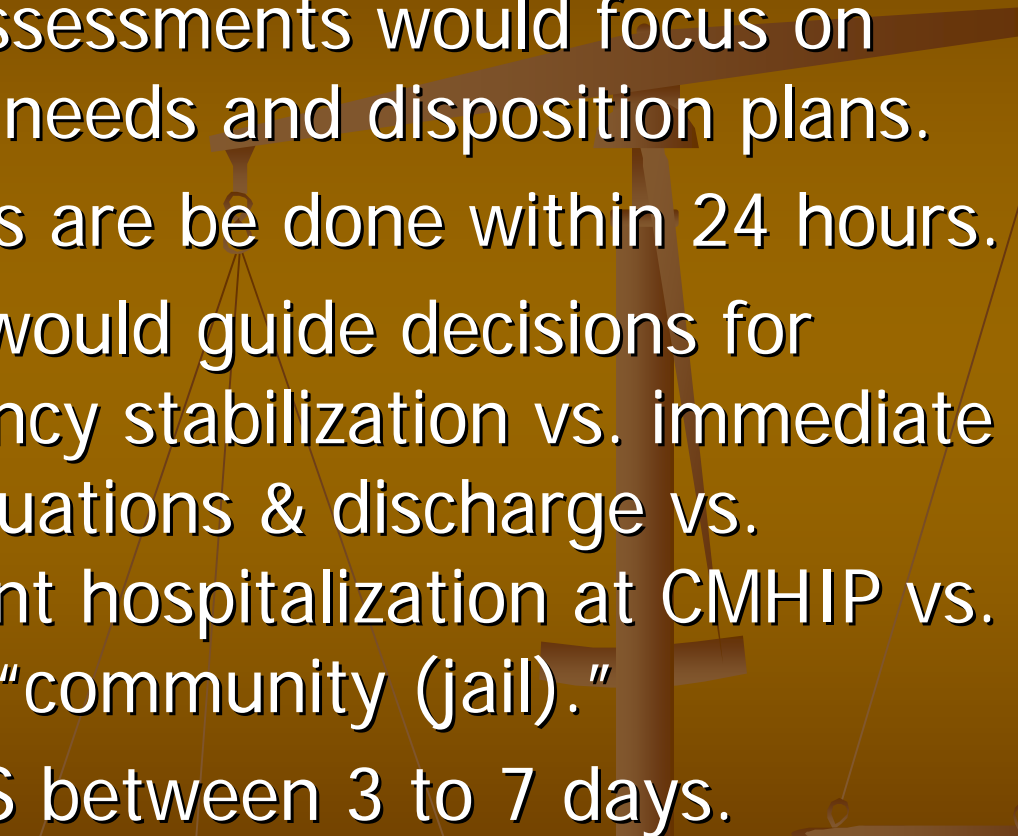
STAT

- Stands for SHORT TERM ASSESSMENT and TREATMENT.
 - Based on concepts from Psychiatric Emergency Services with Observation units, Crisis Stabilization Units (CSU's), Admission Units, "ER" and "ICU" of Psychiatry.
 - STAT units exist at various locations throughout North America to provide short term psychiatric stabilization.
- 

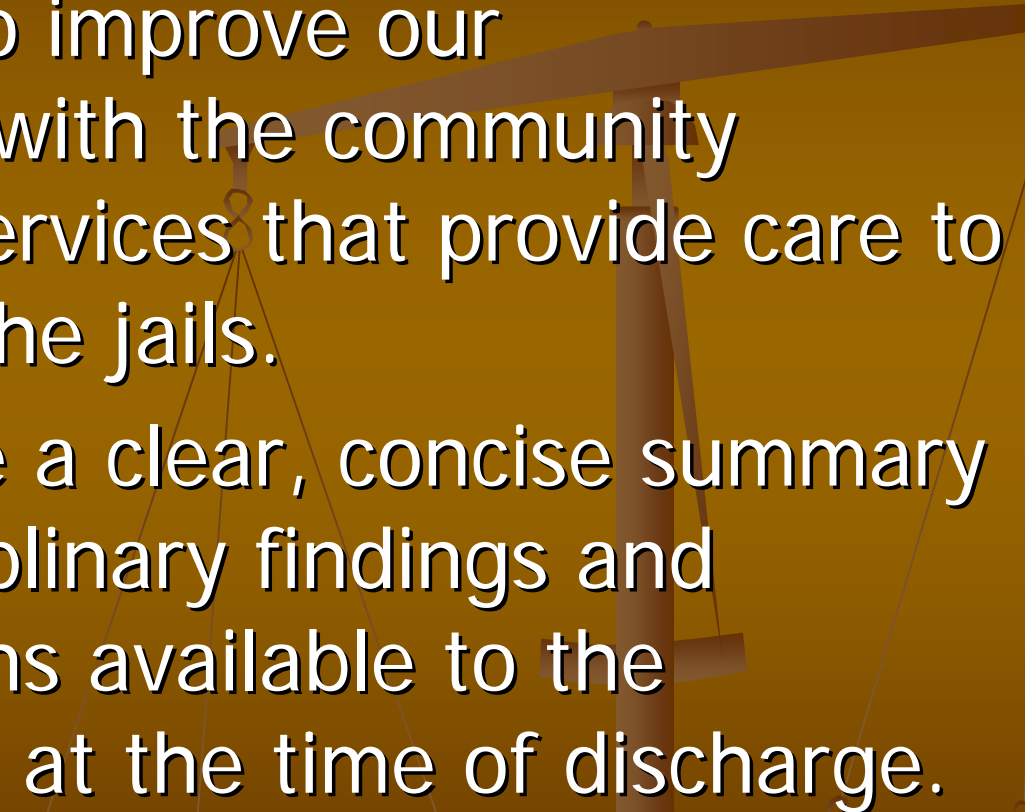
Why CMHIP?

- The forensic inpatient referrals for admission to CMHIP has changed from predominantly NGRI's to ITP's, competency evaluations, and sanity/mental condition evaluations.
- A significant number of these patients do not need the same extended length of stay that the NGRI patients need.
- Rather, these patients may arrive with only the need for an evaluation/assessment and have no acute psychiatric illness (or rapid stabilization and outpatient referral would suffice).

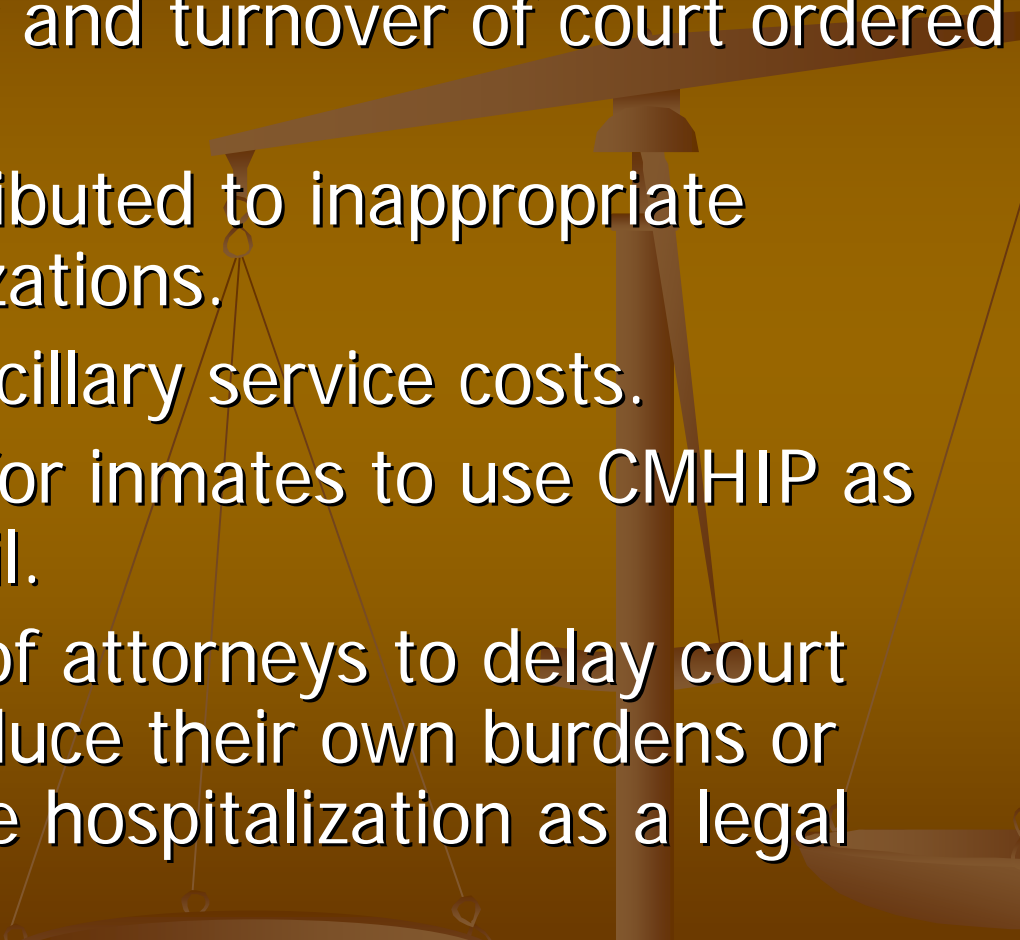
Our Goal...

- Interdisciplinary assessments would focus on urgent/immediate needs and disposition plans.
 - These assessments are to be done within 24 hours.
 - The assessments would guide decisions for continued emergency stabilization vs. immediate court ordered evaluations & discharge vs. referral for inpatient hospitalization at CMHIP vs. discharge back to “community (jail).”
 - Goal would be LOS between 3 to 7 days.
- 

Furthermore,

- We would like to improve our communication with the community mental health services that provide care to our patients in the jails.
 - We plan to have a clear, concise summary of the interdisciplinary findings and recommendations available to the receiving facility at the time of discharge.
- 

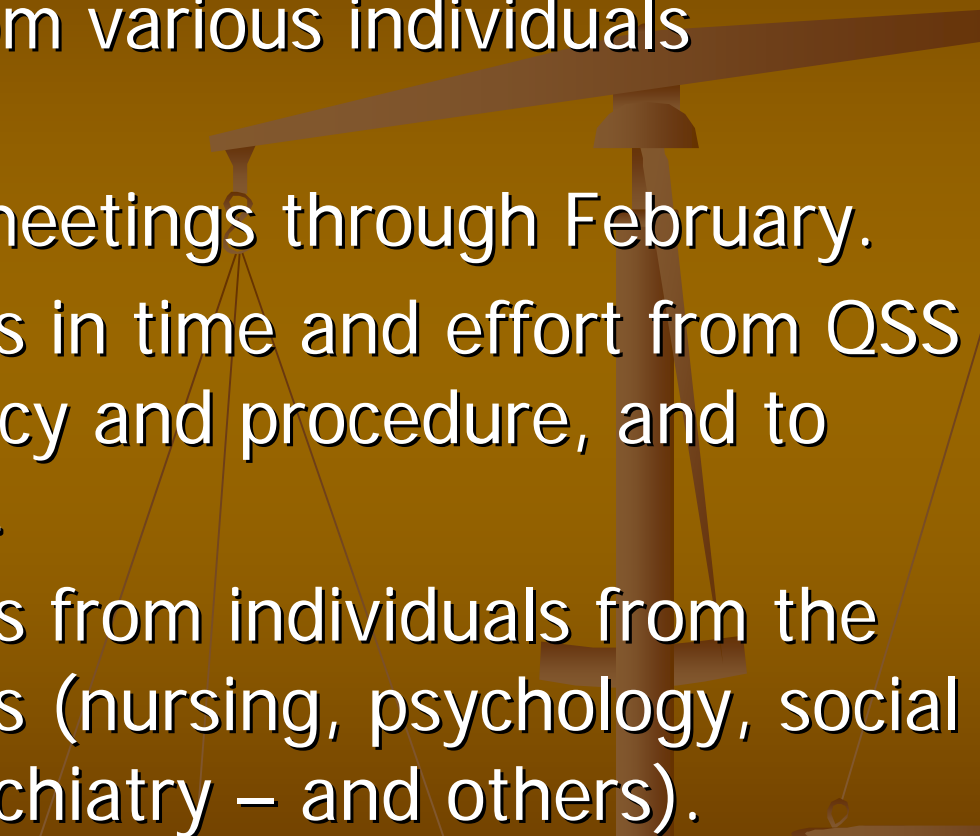
What we think the STAT will do...

- Improve efficiency and turnover of court ordered evaluations.
 - Decrease cost attributed to inappropriate inpatient hospitalizations.
 - Decrease other ancillary service costs.
 - Reduce incentive for inmates to use CMHIP as "vacation" from jail.
 - Reduce incentive of attorneys to delay court proceedings to reduce their own burdens or inappropriately use hospitalization as a legal strategy.
- 

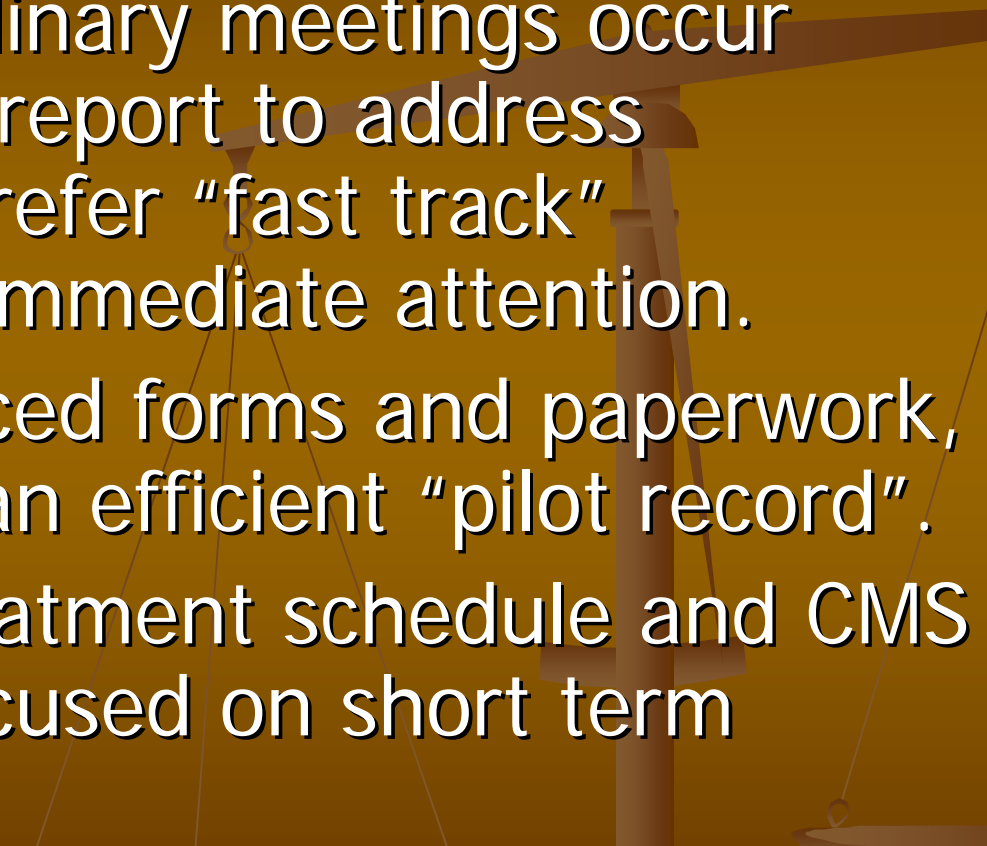
What have we done...



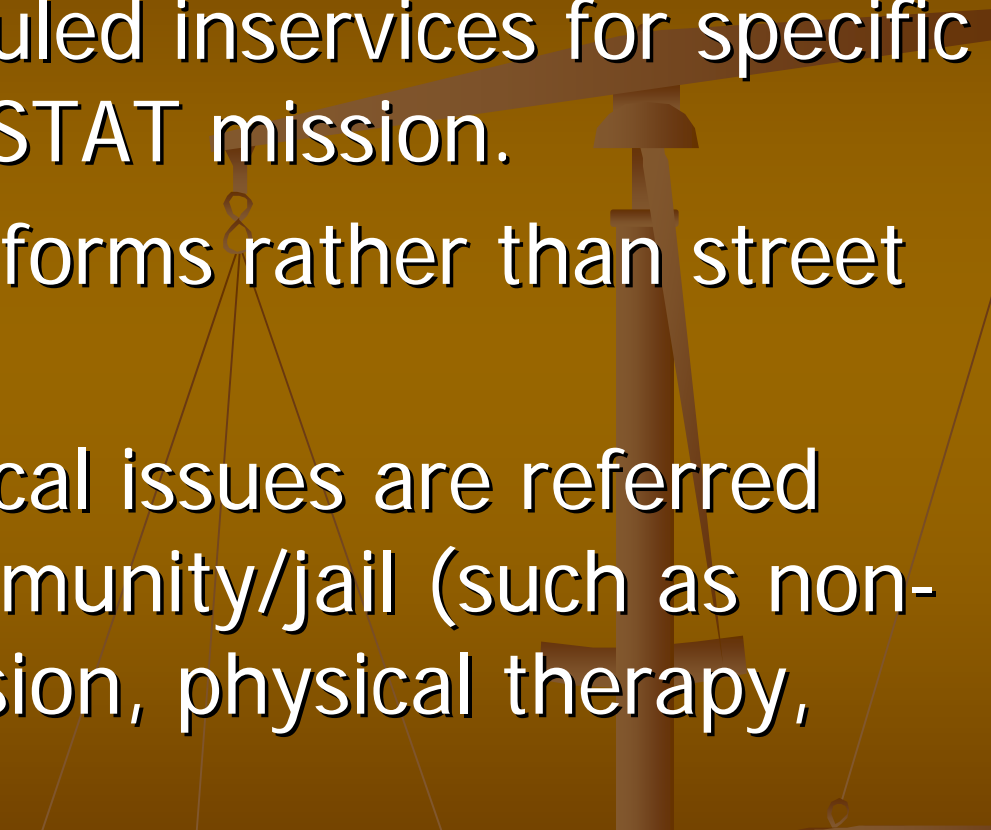
Preparation

- Input gathered from various individuals throughout IFP.
 - Weekly planning meetings through February.
 - Major contributions in time and effort from QSS to help review policy and procedure, and to reduce paperwork.
 - Major contributions from individuals from the different disciplines (nursing, psychology, social work, RT, and psychiatry – and others).
- 

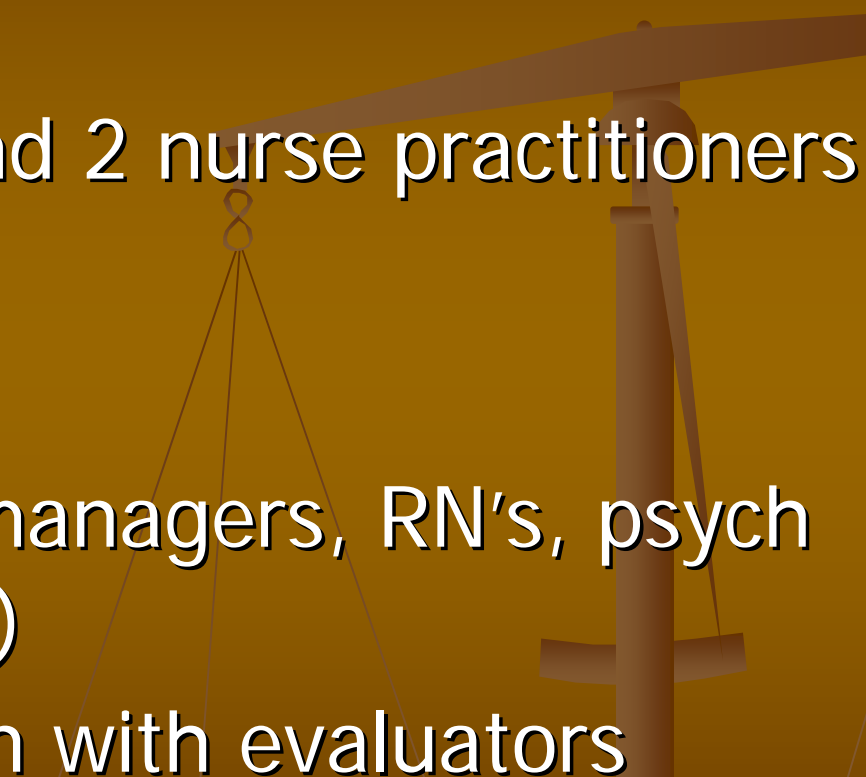
What've got so far...

- ❑ Daily interdisciplinary meetings occur during morning report to address disposition and refer "fast track" evaluations for immediate attention.
 - Drastically reduced forms and paperwork, and developed an efficient "pilot record".
 - Developed a treatment schedule and CMS system more focused on short term hospitalizations.
- 

What've got so far...(continued)

- Regularly scheduled inservices for specific training for the STAT mission.
 - Patient have uniforms rather than street clothes.
 - Non-acute medical issues are referred back to the community/jail (such as non-acute dental, vision, physical therapy, etc.)
- 

STAT COMPONENTS

- 18 bed unit
 - 1 psychiatrist and 2 nurse practitioners
 - 1 psychologist
 - 2 social workers
 - Nursing team (managers, RN's, psych techs, unit clerk)
 - Close connection with evaluators
- 

Sketch of the process

Patient admitted to STAT unit, given tour, then assessed by nursing, psychiatry, psychology, and social work



Is there a medical condition (beyond psychiatric) that requires immediate intervention?



Is there an acute psychiatric condition that requires immediate intervention?



Does the patient have a psychiatric condition that requires hospitalization (short-term or prolonged)?

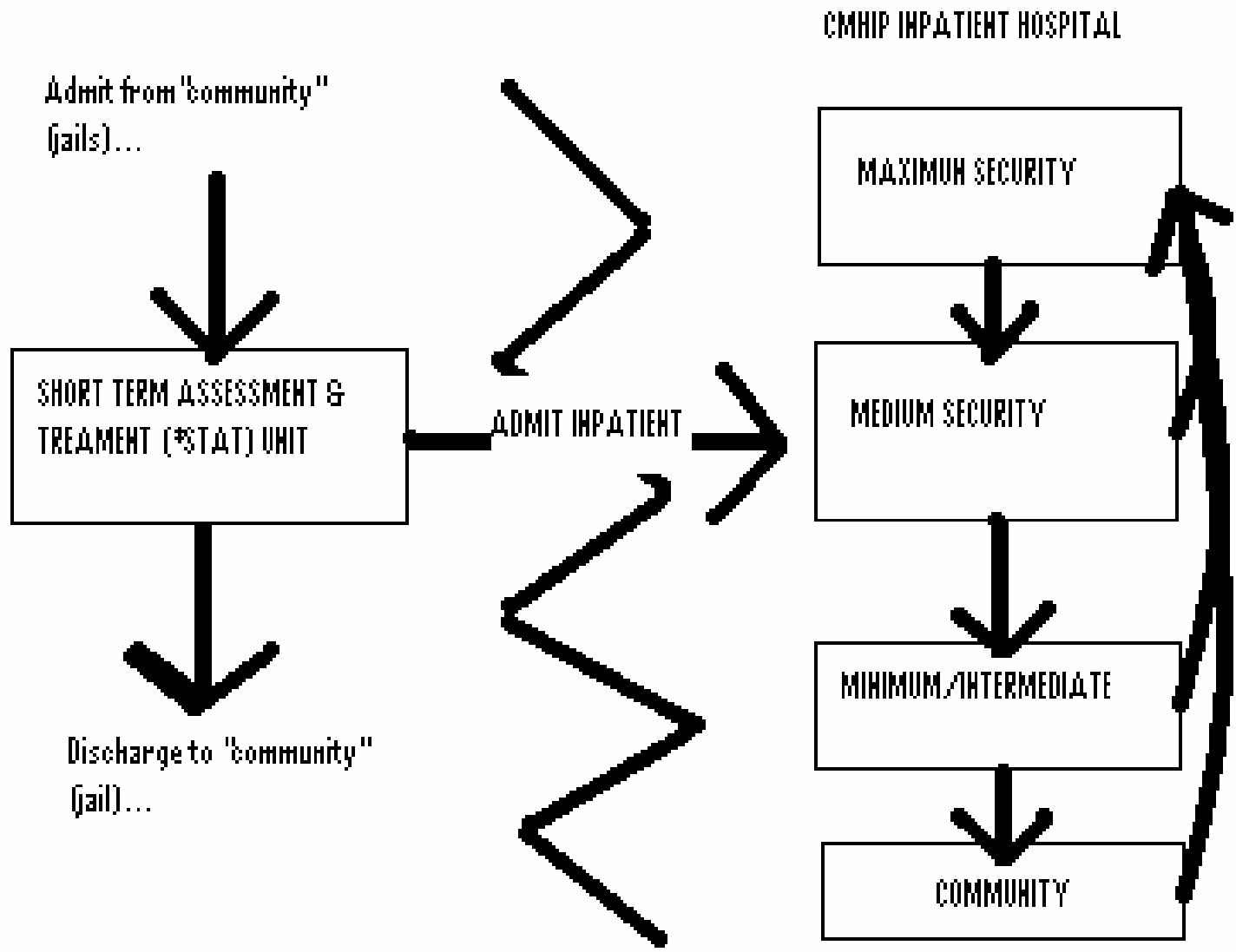


Are there any court ordered evaluations? If not, can we discharge immediately?

Dispositions



- Upon recommendation of the interdisciplinary team on STAT, a patient may be referred for admission to a CMHIP “inpatient bed” if the psychiatric condition warrants longer treatment.
- Patients who are psychiatrically stabilized, do not require further inpatient hospitalization, and have required court ordered evaluations completed are discharged back to jail.



The Final Product



- A dictated, complete psychiatric assessment with hospital course and treatment recommendations.
- Addendum A: Brief psychology summary with brief listing of testing performed or recommended.
- Addendum B: Social work assessment with disposition assessment (records and contacts available? Notes on POA?)
- Addendum C: Nursing assessment (brief highlights of focused documentation?)